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The Tooth Cleaning Habits of Rural India: Traditional Vs Contemporary

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Abstract

Oral cavity reflects the overall health of an individual. The methods of cleaning teeth have changed over a period of time. With the technological advancements, the tooth cleaning aids available are diverse. However, the traditional methods of tooth cleaning are still prevalent in different parts of the country. Recently, demand for natural products has also risen. The prudent way forward would be to integrate the traditional with the contemporary backed with scientific evidence for the benefit of the patient.

Keywords: Tooth Cleaning Habits, Contemporary, Rural

About 74% of the population in India live in rural areas[1]. Methods of tooth cleaning and maintaining oral hygiene varies among different cultures and tribes. Apart from the use of toothbrushes and toothpastes, the use of natural/alternative methods is still widespread. Besides Asia, this practice is also prevailing in parts of Africa and Middle East. It includes the use of chewing sticks made from twigs, roots or stems of the local plant species. The use can be attributed to ease of availability and low cost. Chewing sticks have been reported to be efficient in removing dental plaque because of mechanical action and enhanced salivation. Some studies have identified certain antimicrobial components[2]. The use of table salt and charcoal is also widespread in certain tribes as a customary traditional means of cleaning teeth; especially in the elderly people. It is however an established fact that these are high in abrasive content[3]. This can lead to abrasions on the tooth and their use should be dissuaded.

In certain parts of rural India, brick powder, mud and ash are also used for cleaning teeth. These substances are abrasive in nature and can lead to tooth sensitivity and gum recession. Few cultures practice rubbing of walnut tree bark for whitening of teeth. In some parts, betel quid and areca nuts are employed as a means of cleaning teeth. These are however known to cause tooth staining and are carcinogenic. Rudimentary practice of use of feathers and bones as tooth picks is also documented in the literature. Masahiro Yoneda *et al.*, reported a case of extensive tooth wear and hypersensitivity resulting from excessive use of lemon and vinegar used to mask halitosis[4].

Oil pulling is another ancient practice involving swirling of sesame/coconut/olive/sunflower oil in the mouth believing to wash out bacteria and toxins. When

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done in conjunction with proper brushing and flossing, it can be beneficial[5]. Extracts of cranberry, holy basil (tulsi), ginger, guava and Indian gooseberry (amla) continue to be used for good oral hygiene. The Neem tree (Margosa/Persian lilac) which has its origin in the North Eastern part of the country, is used for cleaning teeth and maintaining gingival health. It is known to possess antibacterial properties. Turmeric which is an anti-inflammatory and antimicrobial herb is used as a tooth whitening agent. Triphala, a herbal extract is used as an antiplaque agent.

Aloe vera (Aloe barbadensis) has antimicrobial and anti-inflammatory properties and is also rich in antioxidants. Its use is prevalent for whitening of teeth and maintaining gingival health.

Recent years have seen a rise in the incorporation of herbal extracts in commercially available over the counter dental aids including toothbrushes, toothpastes and mouth washes. However, better oral hygiene can only be promoted by emphasizing the combined and judicial use of traditional and modern tooth cleaning amenities under supervision through patient education and motivation. Revisiting the traditional methods backed with scientific evidence in the form of high quality randomized controlled clinical trials can lead to some interesting facts and findings.

1. Conflicting Interest

The authors deny any conflict of interest.

2. References

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